COMAL ISD PRE-PARTICIPATION MEDICAL HISTORY/PHYSICAL EXAM \*CISD will not accept physicals dated prior to 5/1/22

	Student's Name	School for 21-22	Primary Sport	Sex	21-22 Grade	Date of	Birth	
STUD	TUDENT-PARENT/GUARDIAN SECTION			MEDICAL EXAMINER SECTION – All grades (7 <sup>th</sup> -12 <sup>th</sup> )				
studen any co Explair <b>questic</b> clearar	EDICAL HISTORY FORM must be completed annually by part t to participate in athletic activities. These questions are d adition which would make it hazardous to participate in an "Yes" answers in the box below**. Circle questions you do nos 1, 2, 3, 4, 5, or 6 requires further medical evaluation w the from a physician, physician assistant, chiropractor, or no pation in UIL practices, games or matches	esigned to determine if the stude athletic event. on't know the answers to. Any Ye: hich may include a physical exan	nt has developed s answer to nination. Written	As a minimum requirement, completed prior to junior hig first and third years of high s completed if there are yes ar student's MEDICAL HISTORY policy REQUIRES an annual p Height Weigh	this Physical Ex h athletic partic chool athletic p iswers to specif FORM in the le hysical exam.	amination Forr cipation and aga articipation. It r fic questions on ft column. *Loo Pulse:	<b>n</b> must be ain prior to <b>must</b> be the	
1	Have you had a medical illness or injury since your last check up or			Vision: R-20/ L-20/		or N Pupils: Equa	al/Unequal	
2	Have you been hospitalized overnight in the past year? Have you ever had surgery?			Medical	Normal	Abnormal	Initials	
3	Have you ever had prior testing for the heart ordered by a physicia	n?				Findings		
	Have you ever passed out during or after exercise?			Appearance				
	Have you ever had chest pain during or after exercise? Do you get tired more quickly than your friends do during exercise?			Eyes/Ears				
	Have you ever had racing of your heart or skipped heartbeats?			Nose/Throat				
	Have you ever had high blood pressure or high cholesterol?			Lymph Nodes				
	Have you ever been told you have a heart murmur?			Heart – Auscultation	_			
	Has any family member or relative died of heart problems or of suc			Supine				
	Has any family member been diagnosed with enlarged heart, (dilat cardiomyopathy, long QT syndrome or other ion channelpathy (Bru			Heart Auscultation				
	syndrome, or abnormal heart rhythm?			Standing				
	Have you had a severe viral infection (for example, myocarditis, or							
	Has a physician ever denied or restricted your participation in activ			Heart – Lower Extremity Pulses				
4	Have you ever had a head injury or concussion? Have you ever been knocked out, become unconscious, or lost you			Pulses				
	If yes, how many times? When was the last concussion							
	How severe was each one? (Explain below)			Lungs				
	Have you ever had a seizure?			Abdomen				
	Do you have frequent or severe headaches? Have you ever had numbness or tingling in your arms, hands, legs,			Genitalia (males only)				
	Have you ever had a stinger, burner, or pinched nerve?			Skin				
5	Are you missing any paired organs?			-				
6	Are you under a doctor's care?			Marfan's stigmata				
7	Are you currently taking any prescription or non-prescription (over			Musculoskeletal		0		
8	using an inhaler? Do you have any allergies (for example, to pollen, medicine, food, o			Neck				
9	Have you ever been dizzy during or after exercise?			Back				
10	Do you have any current skin problems (for example, itching, rashe	s, acne, warts, fungus, or blisters)?		Shoulder/Arm				
11	Have you ever become ill from exercising in the heat?			Elbow/Forearm				
12 13	Have you had any problems with your eyes or vision? Have you ever gotten unexpectedly short of breath with exercise?							
15	Do you have asthma?			Wrist/Hand				
	Do you have seasonal allergies that require medical treatment?			Hip/Thigh				
14	Do you use any special protective or corrective equipment or device			Knee				
15	position (for example, knee brace, special neck roll, foot orthotics, Have you ever had a sprain, strain, or swelling after injury?			Leg/Ankle				
15	Have you broken or fractured any bones or dislocated any joints?			Foot				
	Have you had any other problems with pain or swelling in muscles,							
	If yes, circle appropriate body part and explain below.							
	Head Elbow Hip Neck Forearm Thigh Chest Hand Shin/Calf Shoulder Finger Ankle	Back Wrist Knee Upper Arm Foot		Cleared				
16	Do you want to weigh more or less than you do now?			Cleared after completin	g evaluation/i	rehabilitation f	or:	
-	Do you lose weight regularly or meet weight requirements for your							
17	Do you feel stressed out?			Not cleared for:				
18 19	Have you ever been diagnosed with or treated for sickle cell trait o Have you ever tested positive for COVID-19?			Reason:				
	es Only			Recommendations:				
20	When was your first menstrual period?							
	When was your most recent menstrual period?			The following information i	•		-	
	How much time do you usually have from the start of one period to			Physician, a Physician Assis		2	•	
	How many periods have you had in the last year? What was the longest time between periods in the last year?			Physician Assistant Examin		5		
Male	Only			an Advanced Practice Nurs	,		,	
21	Do you have two testicles? Do you have any testicula	ir swelling or masses?		a Doctor of Chiropractic. E.		5 ,	iny other	
				health care practitioner will				
	vidual answering in the affirmative to any question relating			Date of Examination:				
	bove), as identified on the form, should be restricted from		lividual is	Name (print/type):				
examined and cleared by a physician, physician assistant, chiropractor, or nurse practitioner. EXPLAIN 'YES' ANSWERS HERE (attach another sheet if necessary):				Address:	Phone Number:			
APLA	IN TES ANSWERS HERE (ALLACH ANOTHER SHEET IT NECESSARY	J·						
				Physician's Signature:	filo prior to	nontigin stis	in area	
_				This form must be on	-		-	
	electrocardiogram (ECG) is not required. I have read and u		-	practice, scrimmage, per			e, during	
n tho	UIL Sudden Cardiac Arrest Awareness Form. By checking th	his box. I choose to obtain an ECG	for my student	or	after school.			
	itional cardiac screening. I understand it is the responsible							

-If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse, or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

-If, between this date and the beginning of athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury. -I hereby state that, to the best of my knowledge, my answers to the above are complete and correct. Failure to provide truthful responses could subject the student in question to penalties determined by the UIL.

X Parent/Guardian signature ( <i>required</i> )		_ Date							
X Student signature ( <i>required</i> )		Date							
FOR SCHOOL USE ONLY – This Medical History form was reviewed by:									
Printed name	_Signature	Date							

## A MESSAGE FROM THE COMAL ISD SPORTS MEDICINE DEPARTMENTS

Comal Independent School District employs 10 full-time staff Athletic Trainers that work with athletes at the 5 high schools and part-time Athletic Trainers who work with our 7 middle schools. Athletic Trainers (ATs) are health care professionals who collaborate with physicians. The services provided by Athletic Trainers comprise injury/illness prevention, emergency care, clinical evaluation and diagnosis, therapeutic intervention, and rehabilitation of injuries and medical conditions. Staff athletic trainers work closely with team physicians, other physicians in the community, coaches, and parents to ensure the health-care needs of the injured athletes are being met.

## **PRE-PARTICIPATION PHYSICAL EXAMS**

The University Interscholastic League requires that student athletes have documentation on file each year that includes a medical history, acknowledgment of rules and risk of concussion and/or sudden cardiac arrest, a steroid testing agreement, and permission to participate in UIL activities. As a minimum requirement, the Pre-participation Physical Examination completed by a physician must be completed prior to junior high athletic participation and again prior to the first and third years of high school athletic participation.

Comal ISD recognizes that the pre-participation physical examination (PPE) is an important requirement in any organized program and should be performed by the athlete's primary care physician or school/team physician <u>ANNUALLY</u>. Comal ISD believes that going beyond the UIL minimum requirement is imperative as health conditions may change from year to year and the development of subtle problems may be overlooked. On the PPE form, the parent/guardian is required to reveal pertinent medical history. During the physical examination, the physician will go over the medical history and should educate the athlete about their individual health risks.

### PPEs for the 2022-2023 school year will not be accepted if physical is dated prior to May 1, 2022.

Comal ISD believes that each child should establish a primary care physician and utilize that physician for their PPE. At the same time, we understand that due to circumstances, an option for athletes to obtain a less costly PPE is necessary. For that reason, Comal ISD will attempt to offer "Physical Days" in which Comal ISD students may obtain a pre-participation physical examination. Please check with your respective high school for date and time of these physicals

**Important Note:** If your child has a previous medical/orthopedic condition, takes medication, or checks off >4 questions as a "yes" in the medical history portion of the paperwork, we encourage them to be seen by their primary care physician.

#### **REQUIRED UIL DOCUMENTS –**

To access these forms please go to https://comalisd.rankone.com/

2022-23 School year forms will be available on/after May 1<sup>st</sup>. These forms must be on file prior to **ANY** athletic participation in August. This includes off-season workouts and summer workouts.

#### **CANYON HIGH SCHOOL**

Jason Maxwell, MS, ATC, LAT - Head Athletic Trainer Jason.maxwell@comalisd.org 830-221-2404 Tara Farr, LAT, ATC- Asst. Athletic Trainer

Tara.farr@comalisd.org 830-221-2479

#### **CANYON LAKE HIGH SCHOOL**

Israel Pena, MS, ATC, LAT, CES - Head Athletic Trainer <u>Israel.pena@comalisd.org</u> 830-885-1751 Javier Errisuriz, LAT - Asst. Athletic Trainer

Javier.errisuriz@comalisd.org 830-885-1751

#### DAVENPORT HIGH SCHOOL

Paul Steinhoff, ATC, LAT - Head Athletic Trainer Paul.steinhoff@comalisd.org 830-837-7523

Marissa Washington, MS, ATC, LAT – Asst. Athletic Trainer Marissa.washington@comalisd.org 830-837-754

#### PIEPER HIGH SCHOOL - (new in 2021)

Kyle Kratzenberg, MS, ATC, LAT – Head Athletic Trainer <u>Kyle.kratzenberg@comalisd.org</u> 830-885-9734 Carrie Eder, ATC, LAT – Athletic Trainer Carrie.eder@comalisd.org 830-885-9734

#### SMITHSON VALLEY HIGH SCHOOL

Brian Zettler, MS, ATC, LAT – Head Athletic Trainer brian.zettler@comalisd.org 830-885-1025

Rodney Murray, BS, LAT – Athletic Trainer 221-885-1041

# Head Band Directors:

CANYON HIGH SCHOOL Stephen Vaden, stephen.vaden@comalisd.org 830-221-2438 CANYON LAKE HIGH SCHOOL Ed Gonzalez eduardo.gonzalez@comalisd.org 830-885-1746 DAVENPORT HIGH SCHOOL Jeffrey Keyes jeffrey.keyes@comalisd.org 830-837-7521 PIEPER HIGH SCHOOL Evan Berry evan.berry@comalisd.org 830-885-9700 SMITHSON VALLEY HIGH SCHOOL Michael Childress michael.childress@comalisd.org 830-885-1062